

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004469

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 418

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

14000

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Lemay</b>		c. CITY OR TOWN <b>Lemay</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <b>3525 Union Road</b>		d. STREET ADDRESS <b>3525 Union Road</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Anthony</b> Middle <b>F.</b> Last <b>Grasso Sr.</b>		4. DATE OF DEATH Month <b>February</b> Day <b>5</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/14/1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Self Employed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Fuel Business</b>	
11a. FATHER'S NAME <b>Frank Grasso</b>		11b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		12b. SOCIAL SECURITY NO. <b>A</b>	
13a. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerosis - cerebral vessels - 1st accident.</b>		13b. INTERVAL BETWEEN ONSET AND DEATH <b>11 yrs</b>	
DUE TO (b) <b>Diabetes mellitus</b>		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>7:30</b> a.m. <b>12</b> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Berme, Mo.</b>
21. I attended the deceased from <b>1/3/59</b> to <b>12/8/62</b> and last saw him alive on <b>12/8/62</b> Death occurred <b>7:30</b> <b>12</b> <b>8</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>William M. Dougherty M.D.</b>	
22b. ADDRESS <b>Berme, Mo.</b>		22c. DATE SIGNED <b>Feb 6, 63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 8, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Semetery</b>	23d. LOCATION (City, town, or county) (State) <b>Affton, Missouri</b>
24. FUNERAL DIRECTOR <b>C. Hoffmeister Mortuaries</b>		25. DATE RECD. BY LOCAL REG. <b>2-6-63</b>	26. REGISTRAR'S SIGNATURE <b>John M. Murphy M.D.</b>
27. ADDRESS <b>7814 So. Broadway St. Louis, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Linus C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Dr. Wm. Daughaday  
F.O. 7-6400  
Wohl Hospital Room 818  
10:00 pm